

HOT-WORK PERMIT

For use of this form, see AR 420-90; the proponent agency is ACSIM

1. LOCATION	2. DATE	3. PERMIT NO.
4. TYPE OF WORK	5. START TIME	6. FINISH TIME
7.a. NAME OF PERSON RESPONSIBLE FOR HOT-WORK AT JOB SITE <i>(Contractor/Government Employee)</i>	7.b. SIGNATURE	

PRECAUTIONS BEFORE OPERATIONS

CHECKLIST	CHECK ONE	
	YES	NO
8. Did Fire Department Inspector inspect site?		
9. Are there procedures for Fire Department emergency notification? <i>(Emergency No.)</i>		
10. Are combustibles in area noted?		
11. Should combustibles be covered? <i>(If yes, note in remarks)</i>		
12. Are proper extinguishers on hand?		
13. Is wet-down necessary? <i>(If yes, note in remarks)</i>		
14. Is smoking permissible at work sites?		
15. Is continuous fire watch required?		
16. Is Fire Department standby required?		
17. Are other precautions required? <i>(If yes, note in remarks)</i>		
18.a. FIRE DEPARTMENT INSPECTOR'S SIGNATURE	18.b. DATE	

PRECAUTIONS AFTER OPERATIONS

CHECKLIST	CHECK ONE	
	YES	NO
19.a. Was Fire Department notified after hot-work operation was completed?		
19.b. Time:		
20.a. Did Fire Department inspector inspect work site?		
20.b. Time:		
21. Are after work conditions safe? <i>(If no, note in remarks)</i>		
22. Are heat producing devices safe if left at work site?		
23.a. FIRE DEPARTMENT INSPECTOR'S SIGNATURE	23.b. DATE	

24. REMARKS

NOTE: PERMIT VALID ON DAY OF OPERATION AT ONE LOCATION ONLY